

FALL CREEK VALLEY CARE CENTER
344 LINCOLN AVE

FALL CREEK 54742 Phone: (715) 877-2411
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 60
Total Licensed Bed Capacity (12/31/04): 60
Number of Residents on 12/31/04: 53

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 54

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		43.4	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		45.3	
Supp. Home Care-Personal Care	No	Developmental Disabilities	1.9	Under 65	9.4	More Than 4 Years		11.3	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	17.0	65 - 74	13.2			-----	
Day Services	No	Mental Illness (Other)	32.1	75 - 84	30.2			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.5	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.7	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	3.8		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	0.0		100.0	(12/31/04)			
Home Delivered Meals	Yes	Cardiovascular	20.8	65 & Over	90.6	-----			
Other Meals	No	Cerebrovascular	9.4		-----	RNs		9.4	
Transportation	No	Diabetes	0.0	Gender	%	LPNs		9.6	
Referral Service	No	Respiratory	1.9		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	13.2	Male	34.0	Aides, & Orderlies			
Provide Day Programming for			-----	Female	66.0	47.1			
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	3	7.5	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.7	
Skilled Care	2	100.0	294	33	82.5	113	0	0.0	0	11	100.0	130	0	0.0	0	0	0.0	0	46	86.8	
Intermediate	---	---	---	3	7.5	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.7	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	1	2.5	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		40	100.0		0	0.0		11	100.0		0	0.0		0	0.0		53	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	11.7	Bathing	0.0	81.1	18.9	53
Private Home/With Home Health	1.3	Dressing	7.5	83.0	9.4	53
Other Nursing Homes	6.5	Transferring	26.4	56.6	17.0	53
Acute Care Hospitals	79.2	Toilet Use	11.3	64.2	24.5	53
Psych. Hosp.-MR/DD Facilities	0.0	Eating	50.9	39.6	9.4	53
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.3	Continence		%	Special Treatments	%
Total Number of Admissions	77	Indwelling Or External Catheter	11.3	Receiving Respiratory Care		17.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	56.6	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	35.4	Occ/Freq. Incontinent of Bowel	28.3	Receiving Suctioning		1.9
Private Home/With Home Health	10.1			Receiving Ostomy Care		11.3
Other Nursing Homes	6.3	Mobility		Receiving Tube Feeding		1.9
Acute Care Hospitals	3.8	Physically Restrained	3.8	Receiving Mechanically Altered Diets		45.3
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	7.6	With Pressure Sores	7.5	Have Advance Directives		90.6
Deaths	36.7	With Rashes	9.4	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		66.0
(Including Deaths)	79					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	88.5	1.02	89.0	1.01	90.5	1.00	88.8	1.01
Current Residents from In-County	79.2	80.0	0.99	81.8	0.97	82.4	0.96	77.4	1.02
Admissions from In-County, Still Residing	22.1	17.8	1.24	19.0	1.16	20.0	1.10	19.4	1.14
Admissions/Average Daily Census	142.6	184.7	0.77	161.4	0.88	156.2	0.91	146.5	0.97
Discharges/Average Daily Census	146.3	188.6	0.78	163.4	0.90	158.4	0.92	148.0	0.99
Discharges To Private Residence/Average Daily Census	66.7	86.2	0.77	78.6	0.85	72.4	0.92	66.9	1.00
Residents Receiving Skilled Care	92.5	95.3	0.97	95.5	0.97	94.7	0.98	89.9	1.03
Residents Aged 65 and Older	90.6	92.4	0.98	93.7	0.97	91.8	0.99	87.9	1.03
Title 19 (Medicaid) Funded Residents	75.5	62.9	1.20	60.6	1.24	62.7	1.20	66.1	1.14
Private Pay Funded Residents	20.8	20.3	1.02	26.1	0.79	23.3	0.89	20.6	1.01
Developmentally Disabled Residents	1.9	0.9	2.13	1.0	1.83	1.1	1.68	6.0	0.31
Mentally Ill Residents	49.1	31.7	1.55	34.4	1.43	37.3	1.32	33.6	1.46
General Medical Service Residents	13.2	21.2	0.62	22.5	0.59	20.4	0.65	21.1	0.63
Impaired ADL (Mean)	48.7	48.6	1.00	48.3	1.01	48.8	1.00	49.4	0.99
Psychological Problems	66.0	56.4	1.17	60.5	1.09	59.4	1.11	57.7	1.14
Nursing Care Required (Mean)	11.8	6.7	1.76	6.8	1.72	6.9	1.71	7.4	1.59